FEC FORM 2 STATEMENT OF CANDIDACY

RECEIVED. PAGE 1/3
SECRETARY OF THE SENATE

12 AUG 15 PM 2: 43

(a) Name of Candidate (in full)								
Benjamin L Cardin								
(b) Address (number and street) P.O. Box 21093	☐ Check if	address change	d	2. Candidate's S6MD0317		ation Nu	ımber	-
(c) City, State, and ZIP Code				3. Is This	New			Amended
Catonsville		MD 212	228	Statement	X (N)	OR	Ш	(A)
4. Party Affiliation	5. Office Sought		6. State & Dist	trict of Candidate				
DEMOCRATIC PARTY	Senate		MD	00				
Di	ESIGNATION OF	PRINCIPA	L CAMPAIG	N COMMITT	EE .		•	
7. I hereby designate the following na	med political committe	e as my Principa	al Campaign Com		2012 ar of election	_ election	n(s).	
NOTE: This designation should be	filed with the appropria	ate office listed in	the instructions.					
(a) Name of Committee (in full)		*******						
Ben Cardin for Sen	ate							
(b) Address (number and street) P.O. Box 21093				,				
(c) City, State, and ZIP Code								
Catonsville			MD	21228				
DI	ESIGNATION OF	OTHER A	UTHORIZED	COMMITTE	ES			
	(Includi	ng Joint Fundrais	sing Representativ	/es)				
I hereby authorize the following na	mod committee, which	is NOT my pring	rinal campaign co	mmittee to receiv	e and evner	d funds (on het	alf of my
candidacy.	med Committee, Willow	13 NOT My plant	apar campaign co	illimited, to recen	-		O., DO.	ian or my
·					•			
NOTE: This designation should be	filed with the principal	campaign comm	nittee.					
(a) Name of Committee (in full)								
RI MN MD Victory	Fund							
(b) Address (number and street) 426 C Street, NE								
Suite 202								
(c) City, State, and ZIP Code								
Washington			DC	20002				
I certify that I have ex	amined this Statement	and to the best	of my knowledge	and belief it is tru	e, correct an	d comple	ete.	
Signature of Candidate				Date				
Benjamin L. Cardin				08/10/2012				
Bu L.C	and		_	00/10/2012				
NOTE: Submission of false, erroneous	s, or incomplete inform	ation may subje	ct the person signi	ing this Statemen	t to penalties	of 2 U.S	S.C. §4	.37g.
	_!	<u> </u>				ccr	CODM	2 (REV. 02/2009

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)		Page 2 /
	HER AUTHORIZED COMMITTEES int Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is NOT my pricandidacy.	incipal campaign committee, to receive and expend funds	on behalf of my
NOTE: This designation should be filed with the principal car	mpaign committee.	
(a) Name of Committee (in full) CA RI MN MD VICTORY FUND		
(b) Address (number and street) 426 C Sreet, NE		
(c) City, State and ZIP Code	.	
Washington	DC 20002	
	HER AUTHORIZED COMMITTEES oint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is NOT my procandidacy.	nincipal campaign committee, to receive and expend funds	on behalf of my
NOTE: This designation should be filed with the principal ca	mpaign committee.	
(a) Name of Committee (in full)		
Senate Victory 2012		
Senate Victory 2012 (b) Address (number and street) 426 C Street, NE		
(b) Address (number and street)		
(b) Address (number and street) 426 C Street, NE	DC 20002	
(b) Address (number and street) 426 C Street, NE (c) City, State and ZIP Code Washington DESIGNATION OF OT	DC 20002 CHER AUTHORIZED COMMITTEES Dint Fundraising Representatives)	[ADDITIONAL]
(b) Address (number and street) 426 C Street, NE (c) City, State and ZIP Code Washington DESIGNATION OF OT	HER AUTHORIZED COMMITTEES point Fundraising Representatives)	-
(b) Address (number and street) 426 C Street, NE (c) City, State and ZIP Code Washington DESIGNATION OF OT (Including Journal of the committee) (Including Jo	THER AUTHORIZED COMMITTEES oint Fundraising Representatives) rincipal campaign committee, to receive and expend funds	-
(b) Address (number and street) 426 C Street, NE (c) City, State and ZIP Code Washington DESIGNATION OF OT (Including Journal of the committee) (Including Journal of the candidacy).	THER AUTHORIZED COMMITTEES oint Fundraising Representatives) rincipal campaign committee, to receive and expend funds	-
(b) Address (number and street) 426 C Street, NE (c) City, State and ZIP Code Washington DESIGNATION OF OT (Including Journal of the company of the conditions) I hereby authorize the following named committee, which is NOT my proceed on the conditions of the company of the conditions of t	THER AUTHORIZED COMMITTEES oint Fundraising Representatives) rincipal campaign committee, to receive and expend funds	-
(b) Address (number and street) 426 C Street, NE (c) City, State and ZIP Code Washington DESIGNATION OF OT (Including Journal of Committee), which is NOT my procandidacy. NOTE:This designation should be filed with the principal call.	THER AUTHORIZED COMMITTEES oint Fundraising Representatives) rincipal campaign committee, to receive and expend funds	-
(b) Address (number and street) 426 C Street, NE (c) City, State and ZIP Code Washington DESIGNATION OF OT (Including Journal of Committee) I hereby authorize the following named committee, which is NOT my procandidacy. NOTE: This designation should be filed with the principal call. (a) Name of Committee (in full) Maryland Delaware Victory Fund (b) Address (number and street)	THER AUTHORIZED COMMITTEES oint Fundraising Representatives) rincipal campaign committee, to receive and expend funds	-

12020621683

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003) Page [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) Cardin-Maryland Victory 2012 (b) Address (number and street) PO Box 70980 (c) City, State and ZIP Code DC 20024 Washington [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State and ZIP Code [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street)

(c) City, State and ZIP Code

DANA K. MCCALLUM SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCU	MENT WAS:	<u>.</u>	•
HAND DELIVERED	Date of Receip	Dit .	-
USPS FIRST CLASS MAI	LPostm:		-
USPS REGISTERED/CER		ark	
USPS PRIORITY MAIL _			
DELIVERY CONFIRMATION	Postm:	ark	_
USPS EXPRESS MAIL		`	
OVERNIGHT DELIVERY	SERVICE: SHIPPING DATE	NEXT BUSINESS	S DAY DELIVERY
FEDERAL EXPRESS			
UPS			
DHL			
AIRBORNE EXPRESS	4		
RECEIVED FROM FEDE	RAL ELECTION CO		e of Receipt
POSTMARK ILLEGIBLE	□ NO PO	OSTMARK [
FAX	e of Receipt		
Date	ot Receipt		
OTHERDate	e of Receipt or Postma	rk	
	-	٠,	
\mathcal{T}			ADIE



